Excess mortality appears to be an even greater problem among younger than older minorities of both sexes. Table 27 displays the 1981-85 cause-specific race ratios for each sex group for deaths prior to age 45 and deaths at all ages. Among deaths prior to age 45, minority males exhibited an 81% higher risk of mortality than white males; but for all ages, they exhibited only a 40% higher risk. For females under 45, minorities had a rate 75% higher than that of whites; but for all ages, the female minority rate was only 45% higher.

The most interesting variations by cause, race-sex, and age are summarized below:

- The 5 leading causes of mortality prior to age 45 for minority males were motor vehicle accidents, homicide, all other accidents, heart disease, and total cancer. For minority females they were total cancer (female breast was the leading cancer cause), heart disease, homicide, motor vehicle, and all other accidents.
- Of the 25 cause categories for deaths prior to age 45, minority males or females had the highest race-sex-specific rate for 21. The exceptions were atherosclerosis, ovarian cancer, colon/rectum/anus cancer, and suicide.
- Of the causes with the highest race ratios in the under-45 age group, eight ranked in the top ten for both males and females. These were hypertension, cerebrovascular disease, pneumonia/influenza, homicide, chronic obstructive pulmonary disease, stomach cancer, chronic liver disease/cirrhosis, and heart disease.
- For nine of the 25 causes examined, both the male and female race ratios for decedents under age 45 exceeded the ratios for all ages by at least 48%, illustrating an excessive risk for minorities at younger ages. These causes were hypertension, cerebrovascular disease, lung cancer, pneumonia/influenza, chronic obstructive pulmonary disease, chronic liver disease/cirrhosis, total heart disease, acute myocardial infarction, and other ischemic heart disease.

MORBIDITY

Because mortality is easy to ascertain, it has continued to be the most reliable single indicator of health conditions (9). Mortality statistics, however, have the limitation of being indicative of only a fraction of the morbidity in a population. Since deaths may occur in the absence of lengthy morbidity, and many disabilities of long duration do not result in death, morbidity and disability measures should be used in addition to mortality measures to describe the health status and the health differentials of a population more fully.

Yet, the lack of good morbidity reporting systems precludes us from having accurate information on the prevalence and incidence of various illnesses and disabilities. Still, while the "true" incidence/prevalence for many diseases may never be known, there do exist three computerized data systems that provide some measures and comparisons. The first is the North Carolina Citizen Survey (NCCS), a statewide survey conducted at least annually since 1975 by the North Carolina Office of State Budget and Management. Each fall the survey includes a number of questions on the health status of the state's citizens. The second is the Behavioral Risk Factor Surveillance (BRFS) Survey conducted by the Adult Health Services Section in the N.C. Division of Health Services. That survey collects information on lifestyle behaviors that contribute to the ten leading causes of premature death and disability. The third is the Communicable Disease Reporting System, a system for the reporting of specified communicable diseases.

Health Status. Self-assessed health status has been found to be highly correlated with actual health status and with utilization of health services (17). In the Fall 1985 NCCS, eight out of 10 North Carolinians reported their general health status to be good, very good, or excellent, with more than one quarter (26%) falling in the excellent category. Respondents who were younger, white, better educated, or from households with higher incomes were more likely to rate their general health as very good or excellent. In 1985 about 25% of minorities compared to 17% of whites rated their health as fair or poor. In 1984, the percentages were 30% for minorities and 14% for whites. The 1985 race-specific distributions of the self-assessments are depicted to Figure 1.

Chronic Diseases. The NCCS includes a comprehensive battery of questions concerning diagnosed diseases. Of these, arthritis and high blood pressure were the most commonly reported chronic diseases, each being mentioned by over one in five adults. Compared to whites, minorities had a higher percentage for both diseases, with the largest racial disparity being in the reporting of high blood pressure (about 11 percentage points difference). In 1984 there was a difference of 18 percentage points due to a higher percentage for minorities. Of the seven remaining conditions included in the survey, minorities had higher self-reported percentages for only three—diabetes, stroke, and glaucoma. Altogether, about 48% of minorities compared to 42% of whites had one or more of the 9 diagnosed diseases. Race-specific percentages for the various diseases are depicted in Figure 2.

The BRFS Survey includes only one question on a diagnosed disease—hypertension (i.e., diagnosed defined as told more than once, currently taking medication, or blood pressure still high). About 29% of minorities versus 15% of whites reported that they had hypertension